April 25, 2001 Invention: ANTIANGIOGENIC COMBINATION THERAPY FO RTHE TREATMENT OF CANCER TO THE ASSISTANT COMMISSIONER FOR PATENTS: Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED CLAIMS REMAINING HIGHEST # NUMBER EXTRA AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT FEE TOTAL CLAIMS 139 - 181 = 0 x \$18.00 \$ \$ INDEP. CLAIMS 6 - 6 = 0 x \$84.00 \$ \$ INDEP. CLAIMS 6 - 6 = 0 x \$84.00 \$ \$ INDEP. CLAIMS (check if applicable) \$ TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$ \$ INDEP. CLAIMS (check if applicable) \$ INDEP. CLAIMS (check i		OMENT TRANSMI	TTAL LETTER	R (Large E	ntity)			Docket No. S0 3167/12 US	
TO THE ASSISTANT COMMISSIONER FOR PATENTS: Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED CLAIMS REMAINING HIGHEST # NUMBER EXTRA RATE FEE TOTAL CLAIMS 139 - 181 = 0 x \$18.00 \$ INDEP. CLAIMS 6 - 6 = 0 x \$84.00 \$ Multiple Dependent Claims (check if applicable) TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$ INDEP. CLAIMS 6 - 6 = 0 x \$84.00 \$ Multiple Dependent Claims (check if applicable) TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$ In the amount of A duplicate copy of this sheet is enclosed. A check in the amount of to cover the filing fee is enclosed. The Commissioner is hereby authorized to charge payment of the following fees associated with this in the commissioner is hereby authorized to charge payment of the following fees associated with this in the commissioner is hereby authorized to charge payment of the following fees associated with this interpretation.			-			erg		Group Art Unit 1614	
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED CLAIMS REMAINING HIGHEST # NUMBER EXTRA RATE FEE TOTAL CLAIMS 139 181 = 0 x \$18.00 \$ NDEP. CLAIMS 6 6 = 0 x \$84.00 \$ Multiple Dependent Claims (check if applicable) TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$ We note that a mount of to cover the filing fee is enclosed. A check in the amount of to cover the filing fee is enclosed. The Commissioner is hereby authorized to charge payment of the following fees associated with this transmitted as shown below.	Invention: AN1	TIANGIOGENIC COM	BINATION THE	RAPY FO R	THE TREAT	MEN	T OF CA	NCER	
CLAIMS AS AMENDED CLAIMS REMAINING HIGHEST # NUMBER EXTRA RATE FEE FOTAL CLAIMS 139 - 181 = 0 x \$18.00 \$ NDEP. CLAIMS 6 - 6 = 0 x \$84.00 \$ Multiple Dependent Claims (check if applicable) TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$ No additional fee is required for amendment. Please charge Deposit Account No. in the amount of A duplicate copy of this sheet is enclosed. A check in the amount of to cover the filing fee is enclosed. The Commissioner is hereby authorized to charge payment of the following fees associated with this part of the following fees associated with the following fees associated with the following fees associated with t		with is an amendment	in the above-iden	tified applica		ENTS	<u> </u>		
CLAIMS REMAINING AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT FEE TOTAL CLAIMS 139 - 181 = 0 x \$18.00 \$ NDEP. CLAIMS 6 - 6 = 0 x \$84.00 \$ Multiple Dependent Claims (check if applicable) TOTAL ADDITIONAL FEE FOR THIS AMENDMENT No additional fee is required for amendment. Please charge Deposit Account No. in the amount of A duplicate copy of this sheet is enclosed. A check in the amount of to cover the filing fee is enclosed. The Commissioner is hereby authorized to charge payment of the following fees associated with this forms.	The fee has beer	calculated and is tran							
AFTER AMENDMENT TOTAL CLAIMS 139 - 181 = 0 x \$18.00 \$ NDEP. CLAIMS 6 - 6 = 0 x \$84.00 \$ Multiple Dependent Claims (check if applicable) TOTAL ADDITIONAL FEE FOR THIS AMENDMENT **TOTAL ADDITIONAL FEE FOR THIS AMENDMENT No additional fee is required for amendment. Please charge Deposit Account No. in the amount of A duplicate copy of this sheet is enclosed. A check in the amount of to cover the filing fee is enclosed. The Commissioner is hereby authorized to charge payment of the following fees associated with this formal to the commissioner is hereby authorized to charge payment of the following fees associated with this formal to the commissioner is hereby authorized to charge payment of the following fees associated with this formal to the commissioner is hereby authorized to charge payment of the following fees associated with this formal to the commissioner is hereby authorized to charge payment of the following fees associated with this formal to the commissioner is hereby authorized to charge payment of the following fees associated with this formal to the commissioner is hereby authorized to charge payment of the following fees associated with this formal to the commissioner is hereby authorized to charge payment of the following fees associated with this formal to the commissioner is hereby authorized to charge payment of the following fees associated with this formal to the commissioner is hereby authorized to charge payment of the following fees associated with this formal to the commissioner is hereby authorized to charge payment of the following fees associated with this feet is the commissioner in the commissioner is hereby authorized to charge payment of the following feet is the commissioner in the commissioner			HIGHEST#	NUM	NUMBER EXTRA		RATE	ADDITIONAL	
NDEP. CLAIMS 6 - 6 = 0 x \$84.00 \$ Multiple Dependent Claims (check if applicable) TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$ No additional fee is required for amendment. Please charge Deposit Account No. in the amount of A duplicate copy of this sheet is enclosed. A check in the amount of to cover the filing fee is enclosed. The Commissioner is hereby authorized to charge payment of the following fees associated with this	COTAL CLAIMS					x	\$18.00		
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT IN No additional fee is required for amendment. In the amount of A duplicate copy of this sheet is enclosed. In A check in the amount of to cover the filing fee is enclosed. In the Commissioner is hereby authorized to charge payment of the following fees associated with this or the control of the following fees associated with this or the control of the following fees associated with this or the commissioner is hereby authorized to charge payment of the following fees associated with this or the commissioner is hereby authorized to charge payment of the following fees associated with this or the control of the cont			<u> </u>	:	0	×	\$84.00	\$0.00	
No additional fee is required for amendment. Please charge Deposit Account No. in the amount of A duplicate copy of this sheet is enclosed. A check in the amount of to cover the filing fee is enclosed. The Commissioner is hereby authorized to charge payment of the following fees associated with this	Multiple Depende	\$0.0							
The Commissioner is hereby authorized to charge payment of the following fees associated with this									
communication or credit any overpayment to Deposit Account No. 19-1025 A duplicate copy of this sheet is enclosed. Any additional filing fees required under 37 C.F.R. 1.16. Any patent application processing fees under 37 CFR 1.17.	☐ Please of A duplication A check ☑ The Concommunication A duplication ☑ Any	harge Deposit Account ate copy of this sheet is in the amount of nmissioner is hereby a lication or credit any of ate copy of this sheet is additional filing fees r	t No. s enclosed. to cover th uthorized to charg verpayment to Del s enclosed. required under 37	e filing fee i e payment o posit Accour C.F.R. 1.16	s enclosed. of the followin nt No. 19-102	ng fee 25		'CO 5	

James M. Warner, Reg. No. 45,199

l certify that this document and fee is being deposited on October 29, 2002 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents Washington, D.C. 20231.

Signature of Person Mailing Correspondence

Sharon Rudebeck

Typed or Printed Name of Person Mailing Correspondence